

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | 12 | 1/26 |
| O.I.P.E. CLASSIFIER | | TC 844 | 02-12-01 |
| FORMALITY REVIEW | TA | 995 | 03-05-01 |
| RESPONSE FORMALITY REVIEW | request | | |

Best Available Copy

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)